

CITY OF STOCKTON  
INFORMATION/COPIES/RESEARCH REQUEST

NOTICE: Requests for information may be subject to approval by the City Attorney.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
REQUEST  
RECEIVED BY: \_\_\_\_\_

I agree to pay for research and all copies made at my request.

\_\_\_\_\_  
(Signature)

AFFECTED ADDRESS (if any): \_\_\_\_\_

INFORMATION REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
To be completed by City Attorney:

APPROVED: \_\_\_\_\_  
DENIED: \_\_\_\_\_ City Attorney

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ RETURN TO: \_\_\_\_\_

RESPONSE TO REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u>Quantity</u>	<u>Charges</u>
DOCUMENTS:	_____	_____
CERTIFICATIONS:	_____	_____
CASSETTES:	_____	_____
RESEARCH TIME:	_____	_____
TOTAL AMOUNT:	_____	_____

BILL \_\_\_\_\_ YES \_\_\_\_\_ NO

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_